

# PENNSYLVANIA POWER OF ATTORNEY FORM

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## NOTICE

**THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.**

**THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.**

**YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.**

**YOUR AGENT MUST KEEP YOUR FUNDS SEPARATE FROM YOUR AGENT'S FUNDS.**

**A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.**

**POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.**

**IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.**

**I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.**

Signature of Principal: \_\_\_\_\_

Date: \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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## I. APPOINTMENT OF AGENT

**This Power of Attorney is made on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between:**

The Principal:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**State of Residence: Pennsylvania**

The Agent:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**I, the Principal, hereby appoint the Agent named above to act as my true and lawful attorney-in-fact to manage my affairs in accordance with the following terms and conditions.**

## II. EFFECTIVE DATE AND DURABILITY

**This Power of Attorney shall become effective: (Check one)**

☐ Immediately upon the date of my signature below.

☐ Upon my disability or incapacity (**Springing Power of Attorney**). I shall be considered disabled or incapacitated if two (2) licensed physicians certify in writing that I am unable to manage my financial affairs.

Durability Provision:

**Pursuant to 20 Pa.C.S. § 5604, this Power of Attorney is DURABLE and shall not be affected by my subsequent disability, incapacity, or incompetence. It shall remain in effect until my death or until revoked by me in writing.**

## III. GRANT OF GENERAL POWERS

**I grant my Agent and any successor Agent general authority to act for me with respect to the following subjects as defined in 20 Pa.C.S. Chapter 56:**

**(Initial each line to grant power, or draw a line through to decline)**

\_\_\_\_\_ Real Property Transactions: **To buy, sell, lease, mortgage, and manage real estate.**

\_\_\_\_\_ Tangible Personal Property Transactions: **To buy, sell, and manage personal property.**

\_\_\_\_\_ Stock and Bond Transactions: **To buy, sell, and exchange stocks, bonds, and mutual funds.**

\_\_\_\_\_ Commodity and Option Transactions: **To engage in commodity and option transactions.**

\_\_\_\_\_ Banking and Financial Institution Transactions: **To open, close, and manage bank accounts; write checks; and conduct safe deposit box transactions.**

\_\_\_\_\_ Business Operating Transactions: **To manage, operate, and sell any business interest I may own.**

\_\_\_\_\_ Insurance and Annuity Transactions: **To purchase, maintain, surrender, or borrow against insurance policies and annuities.**

\_\_\_\_\_ Estates, Trusts, and Other Beneficiary Transactions: **To represent me in all matters regarding estates and trusts.**

\_\_\_\_\_ Claims and Litigation: **To commence, defend, settle, or compromise legal claims and litigation.**

\_\_\_\_\_ Personal and Family Maintenance: **To provide for the support and standard of living of myself and my family.**

\_\_\_\_\_ Benefits from Governmental Programs: **To apply for and receive government benefits (e.g., Social Security, Medicare, Medicaid).**

\_\_\_\_\_ Retirement Plan Transactions: **To manage retirement plans, IRAs, and roll-overs.**

\_\_\_\_\_ Tax Matters: **To prepare, sign, and file tax returns and represent me before tax authorities.**

#### IV. SPECIFIC AUTHORITY (OPTIONAL)

**My Agent MAY NOT do any of the following specific acts for me UNLESS I have INITIALED the specific authority listed below:**

\_\_\_\_\_ Create, amend, revoke, or terminate an inter vivos trust.

\_\_\_\_\_ Make a gift. **(Subject to the limitations of 20 Pa.C.S. § 5601.2).**

\_\_\_\_\_ Create or change rights of survivorship.

\_\_\_\_\_ Create or change a beneficiary designation.

\_\_\_\_\_ Delegate authority granted under the power of attorney.

\_\_\_\_\_ Waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan.

\_\_\_\_\_ Exercise fiduciary powers that the principal has authority to delegate.

#### V. SPECIAL INSTRUCTIONS

**The Agent shall adhere to the following special instructions or limitations:**

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#### VI. NOMINATION OF GUARDIAN

**If a court decides that it is necessary to appoint a guardian of my estate or guardian of my person, I hereby nominate my Agent to serve in that capacity.**

#### VII. RELIANCE BY THIRD PARTIES

**Any third party who receives a copy of this Power of Attorney may rely on it. Revocation of this Power of Attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this Power of Attorney.**

#### VIII. SUCCESSOR AGENT (OPTIONAL)

**If my Agent resigns, dies, becomes incapacitated, is not qualified to serve, or declines to serve, I appoint the following person as Successor Agent:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

#### IX. GOVERNING LAW

**This Power of Attorney shall be governed by, construed, and enforced in accordance with the laws of the Commonwealth of Pennsylvania, specifically Title 20, Chapter 56 of the Pennsylvania Consolidated Statutes.**

**X. SIGNATURE AND ACKNOWLEDGMENT**

**IN WITNESS WHEREOF, I have hereunto signed my name on the date first written above.**

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**PRINCIPAL**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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**WITNESS ATTESTATION**

The Principal signed this document in our presence, and we, in the presence of the Principal and each other, sign as witnesses. We certify that the Principal appears to be of sound mind and under no duress, fraud, or undue influence.

**Witness 1:**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Witness 2:**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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NOTARY ACKNOWLEDGMENT

**Commonwealth of Pennsylvania**

**County of** \_\_\_\_\_

**On this** \_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_, **before me, the undersigned Notary Public,**  
**personally appeared** \_\_\_\_\_ **(Principal's Name), known to me (or satisfactorily**  
**proven) to be the person whose name is subscribed to the within instrument, and acknowledged**  
**that he/she executed the same for the purposes therein contained.**

**IN WITNESS WHEREOF, I have hereunto set my hand and official seal.**

**Signature of Notary Public:** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_

**(Seal)**

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**AGENT'S ACKNOWLEDGMENT**

(Required by 20 Pa.C.S. § 5601(d))

I, \_\_\_\_\_ (Name of Agent), have read the attached Power of Attorney and am the person identified as the Agent for the Principal. I hereby acknowledge that when I act as Agent:

1. I shall act in accordance with the Principal's reasonable expectations to the extent actually known by me and, otherwise, in the Principal's best interest, act in good faith and act only within the scope of authority granted to me by the Principal in the Power of Attorney.
2. I shall act with the care, competence, and diligence ordinarily exercised by agents in similar circumstances.
3. I shall keep a record of all receipts, disbursements, and transactions made on behalf of the Principal.
4. I shall cooperate with a person who has authority to make health care decisions for the Principal to carry out the Principal's reasonable expectations to the extent actually known by me and, otherwise, act in the Principal's best interest.
5. I shall attempt to preserve the Principal's estate plan, to the extent actually known by me, if preserving the plan is consistent with the Principal's best interest and based on all relevant factors.

**I UNDERSTAND THAT I MAY BE SUBJECT TO CRIMINAL PROSECUTION IF I ABUSE  
THE AUTHORITY GRANTED TO ME BY THE POWER OF ATTORNEY.**

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**AGENT**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_